

HIGHLANDS AT NEWCASTLE PLACE
12600 N PT WASHINGTON RD ,300

MEQUON 53092 Phone:(262) 387-8850

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 47

Total Licensed Bed Capacity (12/31/04): 47

Number of Residents on 12/31/04: 40

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? No

Average Daily Census: 35

Non-Profit Corporation

Skilled

Yes

Yes

No

35

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		90.0
Supp. Home Care-Personal Care	No	Developmental Disabilities	0.0	Under 65	5.0	1 - 4 Years		10.0
Supp. Home Care-Household Services	No	Mental Illness (Org./Psy)	32.5	65 - 74	7.5	More Than 4 Years		0.0
Day Services	No	Mental Illness (Other)	0.0	75 - 84	30.0			100.0
Respite Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	55.0	*****		
Adult Day Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	2.5	Full-Time Equivalent		
Adult Day Health Care	No	Cancer	7.5			Nursing Staff per 100 Residents		
Congregate Meals	No	Fractures	17.5		100.0	(12/31/04)		
Home Delivered Meals	No	Cardiovascular	2.5	65 & Over	95.0	-----		
Other Meals	No	Cerebrovascular	2.5			RNs		11.4
Transportation	No	Diabetes	0.0	Gender	%	LPNs		17.6
Referral Service	No	Respiratory	5.0			Nursing Assistants,		
Other Services	No	Other Medical Conditions	32.5	Male	27.5	Aides, & Orderlies		
Provide Day Programming for				Female	72.5			
Mentally Ill	No		100.0					
Provide Day Programming for								
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	16	100.0	319	0	0.0	0	0	0.0	0	24	100.0	235	0	0.0	0	0	0.0	40	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	16	100.0		0	0.0		0	0.0		24	100.0		0	0.0		0	0.0	40	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	1.1	Bathing	0.0	62.5	37.5	40
Private Home/With Home Health	2.9	Dressing	10.0	57.5	32.5	40
Other Nursing Homes	2.9	Transferring	5.0	65.0	30.0	40
Acute Care Hospitals	91.4	Toilet Use	10.0	62.5	27.5	40
Psych. Hosp.-MR/DD Facilities	0.7	Eating	42.5	40.0	17.5	40
Rehabilitation Hospitals	0.0	*****				
Other Locations	1.1	Continence		%	Special Treatments	%
Total Number of Admissions	278	Indwelling Or External Catheter	5.0	Receiving Respiratory Care		0.0
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	35.0	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	25.7	Occ/Freq. Incontinent of Bowel	27.5	Receiving Suctioning		0.0
Private Home/With Home Health	31.0			Receiving Ostomy Care		2.5
Other Nursing Homes	5.4	Mobility		Receiving Tube Feeding		5.0
Acute Care Hospitals	18.4	Physically Restrained	10.0	Receiving Mechanically Altered Diets		22.5
Psych. Hosp.-MR/DD Facilities	0.0			Other Resident Characteristics		
Rehabilitation Hospitals	0.0	Skin Care		Have Advance Directives		0.0
Other Locations	10.7	With Pressure Sores	5.0	Medications		
Deaths	8.8	With Rashes	2.5	Receiving Psychoactive Drugs		62.5
Total Number of Discharges (Including Deaths)	261					

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: Under 50 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	74.5	87.4	0.85	83.3	0.89	87.3	0.85	88.8	0.84
Current Residents from In-County	47.5	86.8	0.55	64.2	0.74	85.8	0.55	77.4	0.61
Admissions from In-County, Still Residing	6.8	21.8	0.31	10.2	0.67	20.1	0.34	19.4	0.35
Admissions/Average Daily Census	794.3	159.1	4.99	341.9	2.32	173.5	4.58	146.5	5.42
Discharges/Average Daily Census	745.7	159.6	4.67	334.4	2.23	174.4	4.28	148.0	5.04
Discharges To Private Residence/Average Daily Census	422.9	63.2	6.69	163.1	2.59	70.3	6.01	66.9	6.32
Residents Receiving Skilled Care	100	96.1	1.04	92.6	1.08	95.8	1.04	89.9	1.11
Residents Aged 65 and Older	95.0	96.5	0.98	90.7	1.05	90.7	1.05	87.9	1.08
Title 19 (Medicaid) Funded Residents	0.0	50.4	0.00	43.8	0.00	56.7	0.00	66.1	0.00
Private Pay Funded Residents	60.0	33.2	1.81	36.4	1.65	23.3	2.58	20.6	2.92
Developmentally Disabled Residents	0.0	0.5	0.00	0.0	.	0.9	0.00	6.0	0.00
Mentally Ill Residents	32.5	33.9	0.96	31.5	1.03	32.5	1.00	33.6	0.97
General Medical Service Residents	32.5	26.1	1.24	25.3	1.28	24.0	1.35	21.1	1.54
Impaired ADL (Mean)	58.5	51.2	1.14	54.8	1.07	51.7	1.13	49.4	1.18
Psychological Problems	62.5	62.3	1.00	54.9	1.14	56.2	1.11	57.7	1.08
Nursing Care Required (Mean)	4.7	7.1	0.66	9.0	0.52	7.7	0.61	7.4	0.63